

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2004-11
VOTERS REGISTRATION PROCEDURES

AUGUST 31, 2004

Enclosed is material relating to the claiming reimbursement of 2003-04 fiscal year costs pursuant to Chapter 704/75, Voters Registration Procedures.

Section 2130 of the Elections Code states:

"From moneys appropriated by the Legislature, the Controller shall allocate and disburse to the counties the amounts necessary to reimburse them for net costs incurred by them in complying with voter registration provisions, including the provisions authorizing voter registration by mail and voter outreach programs, as set forth in Chapter 704 of the Statutes of 1975, as amended. The Secretary of State, in consultation with the Controller, shall develop a formula for the reimbursement of these costs. The Controller shall prescribe the forms for filing claims pursuant to this section. These claims shall be submitted to the Controller by October 31 in the year following the fiscal year in which the costs were incurred."

An individual per affidavit cost reimbursement formula was developed by the Secretary of State (SOS) in consultation with the State Controller's Office for each county based on 1992-93 fiscal year cost data. In addition, the SOS worked in a cooperative effort with county election officials over a two-year period to develop formulas for reimbursement that would accurately reflect each county's actual net costs.

Annual payment to an individual county for conducting mail registration would be the 1992-93 per affidavit cost adjusted for annual changes in the California Consumer Price Index (CA CPI) as provided by the State Department of Finance, Economic Research Unit. The CA CPI increases were 3.2% in 1993-94, 1.7% in 1994-95 and 1995-96, 2.3% in 1996-97, 2.0% in 1997-98, 2.4% in 1998-99, 3.2% in 1999-00, 4.3% in 2000-01, 2.9% in 2001-02, 2.6% in 2002-03, and 1.9% in 2003-04.

The county must complete Form VRP-1 to determine the amount that can be claimed for the 2003-04 fiscal year. A signed, original form FAM-27C, and all other forms must be submitted. Claims for reimbursement of 2003-04 fiscal year costs must be filed with the State Controller's Office, delivered or postmarked by **October 31, 2004**.

Mailing addresses for filing claims:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

If there are any questions concerning the enclosed material, please write to the above address or call the Local Reimbursements Section at (916) 324-5729.

CLAIM FOR PAYMENT Pursuant to Elections Code Section 2130 VOTERS REGISTRATION PROCEDURES			For State Controller Use Only		Program 056
(01) Claimant Identification Number			(16) Program Number 00056		056
(02) Claimant Name			(17) Date Filed ____/____/____		
County of Location			(18) LRS Input ____/____/____		
Street Address or P.O. Box Suite			(19) _____		
City State Zip Code			(20) _____		
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Program 056	VOTERS REGISTRATION PROCEDURES Certification Claim Form Instructions	FORM FAM-27C
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P.O. Box address, City, State, and Zip Code.
- (03) to (07) Leave blank.
- (08) If filing a reimbursement claim, enter an "X" in the box on line (08) Reimbursement.
- (09) If filing an amended reimbursement claim, enter an "X" in the box on line (09) Amended. Leave box (08) blank.
- (10) No entry required.
- (11) Enter the amount of the reimbursement claim from form VRP-1, line III.
- (12) to (13) Leave blank.
- (14) Enter the same amount as shown on line (11).
- (15) to (32) Leave blank.
- (33) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized representative, and must include the person's name and title, typed or printed.
Claims cannot be paid unless accompanied by a signed certification.
- (34) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED, ORIGINAL FORM FAM-27C WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:

**Address, if delivered by
U.S. Postal Service:**

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

**Address, if delivered by
other delivery service:**

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

METHOD OF REIMBURSEMENT COMPUTATION
Chapter 704, Statutes of 1975, Voters Registration Procedures
2006-07 Fiscal Year Costs

**FORM
VRP-1**

County of _____

To complete this form, indicate the number of voters' affidavits processed by source and total in Part I. and compute the county's reimbursement using the formula described in Part II.

I. Affidavits processed by source:

a. Number of affidavits processed by the MAIL
(Through postal service)

b. Number of affidavits received over the counter

c. Number of affidavits received through the
Official Deputy Registration

Total number of affidavits processed

II. Formula for computing the reimbursement:

a. Total number of affidavits processed
(Above)

b. Enter the county reimbursement factor.
Refer to the schedule on Form VRP-2, entitled
"2006-07 Reimbursement Factors by County -
Amount Per Affidavit."

\$ _____

III. Total 2006-07 Reimbursement Claimed
(Multiply IIa. times IIb.)

\$ _____

VOTERS REGISTRATION PROCEDURES
2006-07 REIMBURSEMENT FACTORS BY COUNTY
AMOUNT PER AFFIDAVIT PROCESSED

FORM
2

COUNTY	AMOUNT PER AFFIDAVIT	COUNTY	AMOUNT PER AFFIDAVIT
Alameda	0.484	Orange	0.436
Alpine	3.001	Placer	0.952
Amador	3.001	Plumas	3.001
Butte	1.062	Riverside	0.484
Calaveras	3.001	Sacramento	0.484
Colusa	3.001	San Benito	3.001
Contra Costa	0.484	San Bernardino	0.484
Del Norte	3.001	San Diego	0.436
El Dorado	1.118	San Francisco	0.484
Fresno	1.062	San Joaquin	0.952
Glenn	3.001	San Luis Obispo	0.952
Humboldt	1.118	San Mateo	0.952
Imperial	3.001	Santa Barbara	0.952
Inyo	3.001	Santa Clara	0.436
Kern	1.062	Santa Cruz	0.952
Kings	3.001	Shasta	1.118
Lake	3.001	Sierra	3.001
Lassen	3.001	Siskiyou	3.001
Los Angeles	0.436	Solano	0.952
Madera	3.001	Sonoma	0.952
Marin	0.952	Stanislaus	0.952
Mariposa	3.001	Sutter	3.001
Mendocino	3.001	Tehama	3.001
Merced	1.118	Trinity	3.001
Modoc	3.001	Tulare	0.952
Mono	3.001	Tuolumne	3.001
Monterey	0.952	Ventura	0.952
Napa	1.118	Yolo	1.118
Nevada	1.118	Yuba	3.001